

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:310
ANSWERED ON:22.12.2004
COMMITTEE ON PLAGUE
Mahato Shri Bir Sing

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government had constituted any Committee to study the spread of Plague to ascertain whether Plague virus spreads hereditarily;
- (b) if so, the details of report submitted by the said Committee; and
- (c) the action taken by the Government thereon?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(c): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 310 FOR 22ND DECEMBER, 2004

Plague is caused by *Yersinia pestis* which is a bacteria. Plague virus does not cause Plague. Plague is not transmitted hereditarily.

The Government of India had constituted a Technical Advisory Committee on plague in 1994. The terms of reference of the committee were:

- a. To elucidate factors responsible for the outbreak of plague (1994) and its spread.
- b. To advise on strategies, policies and programmes for the control of plague.
- c. To recommend steps for prevention of such outbreaks in future.

The Committee carried out a detailed study on the aetiological, clinical and epidemiological aspects of the outbreak of plague in Beed and Surat in 1994. Following were some of the main recommendations of the Committee:-

- i. A network of laboratories throughout the country must be identified for providing support to the diagnosis of infection. The surveillance must include surveillance of emerging drug resistance of plague and other pathogens.
- ii. NICD and the network should be involved in a continuous process of training and re-training of professionals and technicians in the investigation of plague outbreaks and in establishing aetiology.
- iii. The capacity of continuous surveillance of animals and human populations for plague within the overall infectious disease surveillance system has to be developed and maintained. The State and district health services should be the focal points of this system with assistance from the NICD and the national laboratory network.
- iv. The capacity to respond to plague outbreaks in humans and plague epizootics must be ensured through the development of epidemiologic, ecologic and laboratory investigative capacity.
- v. There is a need for building a well-trained cadre of epidemiologists in the country and in this, medical colleges, schools of public health and specialized institutions devoted to the study of infectious diseases under the ICMR, the NICD, the DBT and DST will have to play an important role.
- vi. The value of continuous interaction of the national networks with international networks under WHO and others must be maintained.

Accordingly, a multipronged approach is adopted to prevent occurrence of plague, involving improvement of environmental sanitation, rodent and vector control by using insecticides, increasing public awareness etc. The continuous surveillance of plague has helped in preventing its occurrence. In this regard, the plague surveillance activities of state plague control units of endemic states in Andhra Pradesh, Tamilnadu, Karnataka, Maharashtra and Gujarat. constituted to detect the evidence of plague antibodies among wild and peri-domestic rodents, are coordinated by the field unit of National Institute of Communicable Diseases located in Bangalore. The

representatives from these endemic States hold regular coordination meetings to review the status of plague surveillance. A state plague surveillance unit at Rohru in Himachal Pradesh has also been established in the recent past to monitor any outbreaks of plague.

A National Surveillance Programme for Communicable Diseases to monitor outbreaks of diseases including plague was launched during IXth, Plan and so far it has covered 101 districts. These districts are now brought under the Integrated Disease Surveillance Project during Xth Plan which aims at preventing spread of outbreaks by early identification and rapid response mechanism.